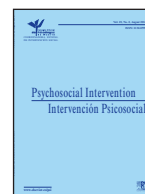




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Editorial Comment

Community psychology contributions to the study of social inequalities, well-being and social justice

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ABSTRACT

Keywords

Community psychology
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This special issue of the Journal of Psychosocial Intervention aims to contribute to the understanding of human well-being as a matter of social justice. Inequities in health and well-being are closely linked to social inequalities and addressing them involves the improvement of the quality of life and living conditions of communities. Although reaching a more just society requires systemic changes, actions aimed at groups that are at greater risk of multiple vulnerabilities must be intensified in order to reduce the slope of the social gradient of health and well-being. Community psychology embraces as one of its key principles to advocate for social change through the empowerment of disadvantaged groups, such as children and youth living in poverty, women suffering violence, people with disabilities and elderly immigrants. The contributions of this monograph offer courses of action for a scientific agenda whose goal is to provide opportunities for all individuals to achieve meaning and greater control over the resources they need for their well-being and prosperity.

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Contribuciones de la psicología comunitaria al estudio de las desigualdades sociales, el bienestar y la justicia social

RESUMEN

Este número especial de la revista de Intervención Psicosocial busca contribuir al conocimiento del bienestar humano como una cuestión de justicia social. El punto de partida es el reconocimiento de que las desigualdades en salud y bienestar están estrechamente relacionadas con las desigualdades sociales y, por tanto, afrontarlas pasa por mejorar las condiciones de vida de la comunidad. Llegar a una sociedad más justa requiere transformaciones sistémicas. No obstante, para reducir la inclinación del gradiente de salud y bienestar en la sociedad, deben redoblarse las medidas dirigidas a grupos que se encuentran sometidos a un mayor riesgo de vulnerabilidad. La psicología comunitaria sostiene como uno de sus principios fundacionales el cambio social por medio de la capacitación de los grupos que sufren discriminación, tales como niños y jóvenes que viven en condiciones de pobreza, mujeres que sufren violencia, personas con discapacidades e inmigrantes ancianos. A través de investigaciones realizadas con estos grupos, las contribuciones de este monográfico ofrecen líneas de acción para una agenda científica cuya meta sea ofrecer oportunidades a todas las personas para construir el significado de sus vidas y tener control sobre los recursos que necesitan para su bienestar y prosperidad.

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Palabras clave

Psicología comunitaria
Bienestar
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The arrival of the twenty-first century has highlighted the magnitude of the challenges faced by those concerned with ensuring a dignified and prosperous life for all human beings. Major technological advances, rising mobility, recognition of human diversity, new family structures, new modes of production and labour market requirements, and increased life expectancy are just some of the transformations that have taken place in recent times. Many of these changes were inspired by the ambition to enhance the well-being and thriving of mankind, but paradoxically they have led to an unprecedented increase in many inequities.

The global economic stagnation has plunged the West into a crisis that has dragged it into abandoning many of the values of social justice and human rights on which it was based. High population mobility, for example, is not only an expression of people's desire to broaden their horizons by moving into other cultures and societies. Unfortunately, it reflects the drama of millions of people who are fleeing extreme poverty, war, and persecution. The arrival of new immigrants enriches societies in which they settle, both culturally and economically. However, migrants are often treated unfairly and relegated to occupy the lowest strata in their new society. This recent wave of global migration is one of the most evident expressions of the huge number of people living under hazardous conditions that are without access to shelter, income, food, education, and healthcare. Ethnic minorities, persons with disabilities, infants and youths, women, and the elderly are the groups who are most at risk (Ingleby, 2012). For example, in the European Union (EU), which is home to 10 million Roma people, there are countries where 80% of the individuals with this minority background live in extreme poverty. Moreover, their life expectancy is 15 years lower than the lowest quintile of their countries of residency (Hajioff & McKee, 2012). Another example concerns youth unemployment. In 2009, 21% of the youth in the EU were unemployed. These figures rise up to 55% in countries like Spain (INE, 2014). A final example concerns the cost of intimate partner violence in USA, which according to the United Nations exceeds \$5.8 billion each year, \$4.1 billion of which regards the costs of providing direct medical and mental health services (NCAVD, 2014). Increased life expectancy combined with reduced fertility and increased diseases and psychosocial problems linked to poverty are challenging one of the pillars of the welfare state: universal health coverage (Legido-Quigley et al., 2013). In short, one of the most complex challenges we face in the twenty-first century is the struggle against the inequities increasingly experienced by human beings.

The foundational target of the Health 2020, the WHO European policy framework for the 21st century is "to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health, and ensure people-centered health systems that are universal, equitable, sustainable, and of high quality" (WHO, 2012 p. 1). To achieve this goal, Marmot and Bell (2012) state that society needs to: (a) give every child the best start in life; (2) provide all people – children, youth, adults, and elderly – the maximum capacity and opportunity to take control of their lives; (3) provide fairly-paid jobs for all; (4) ensure healthy living standards for all; (5) create and develop healthy communities; and (6) strengthen the impact of disease prevention and health promotion programs. These social challenges proposed by health and social scientists alike call for the emergence of a new paradigm that can equip them, as well as practitioners on the ground, with new methods and new ways of service delivery. So far, dominant models have sought stable and lasting answers to problems that are predictable and constant. However, the nature of health inequities has led the scientific community to realize that the real challenge lies in overcoming specific circumstances or conditions which impact each other and change over time, putting those who are already vulnerable at higher risk. Indeed, understanding the nature of the problems associated

with inequities in health and well-being implies a radical change in the way we approach this challenge (Murray, Grice, & Mulgan, 2010; Rittel & Webber, 1973).

Community psychology is prepared to address it because one of its founding principles lies in promoting social change through the empowerment of disadvantaged groups (Martín-Baró, 1996). In addition, community psychology addresses social inequalities from an ecological perspective, focusing on the underlying power dynamics that characterize human relationships. From this perspective, well-being is understood as a personal and social process achieved through the simultaneous and balanced satisfaction of personal, relational, and community needs by members of all groups. It is a contextual process inspired by community values and principles that guide our actions towards a desired state of affairs. The values of self-determination, personal growth and health guide the attainment of personal needs (e.g., control, autonomy). Relational needs (e.g., identity, connection, acceptance, mutual accountability) are directed by the values of respect for human diversity, and personal and democratic participation in social networks. At the community level, the need for a sense of community, economic security, access to social, and health services are inspired by values of social justice (Nelson & Prilleltensky, 2005). Consequently, well-being is intrinsically linked to power. Power refers to having access to material and psychosocial resources, as well as to a system of social regulation, that allows for the opportunity and the ability to attain well-being. Access to power is determined by social and historical circumstances, and structural (e.g., social class, gender, and ethnicity) as well as personal factors (e.g., training, skills). Although, ideally, power is directed at obtaining well-being, some groups wield it to acquire privileges over others. Assuming this orientation, community psychology provides a useful framework to contribute to the study of inequities in health and wellness (Prilleltensky, 2011) by seeking to identify, analyse, and transform the conditions that legitimize and support a *status quo* in which asymmetrical relations between groups are naturalized (Nelson, 2013).

In this special issue, the contributions by Genkova, Trickett, Birman, and Vinokurov and by Sabina, Cuevas, and Lannen help us to understand the subtle inequities suffered by immigrants when accessing resources for their well-being and healthcare. Genkova and colleagues describe the migrant transition of elder Russian migrants in the United States. This group is privileged with a refugee status, with a high economic position and high educational level. There are also some legal regulations that give them special benefits. However, the current anti-immigrant sentiment that dominates American society and their difficulties to adapt to new norms and values and to learning a new language expose them to situations of discrimination and inequity. The study also shows how the dominant perspective in the study of acculturation has hidden these inequities by relating well-being with integration – as biculturalism. It is well assumed that to be an accepted and recognized member of the social fabric in the host society, newcomers have to develop co-equal competences in the heritage and the host cultures. However, elders who participated in the study enjoy well-being in different domains of life using different acculturative resources according to their expectations, capabilities, and opportunities. The study thus illustrates that overcoming inequities in health and well-being goes together with designing public policies which are capable of recognizing and legitimizing new citizens, without imposing acculturative strategies.

The contribution of Sabina and colleagues addresses help-seeking inequities among Latina women experiencing interpersonal violence in the United States. Their study shows how sociocultural factors and immigration status play a fundamental role in the likelihood of these women demanding support. This probability is diminished if they do not expect to get effective help. Their results emphasize, once again, the importance of public services which must be sensitive to the

needs and socio-cultural characteristics of minority populations (Ingleby, Chimienti, Hatziprokiopou, Ormond, & Freitas, 2005; Portugal et al., 2007).

De Freitas, García-Ramírez, Aambø, and Buttigieg describe how community psychology research is helping to transform health policies to make them more equitable and inclusive. McAuliff, Viola, Keys, Back, Williams, and Steltenpohl analysed the conundrum of making health systems more sustainable, while increasing the accessibility and quality of service delivery. Both studies reveal how the multiple layers of power that overlap in health systems contribute to perpetuating health inequities and suggest that community psychology can shed light on these problems by adopting a strategy that seeks to give voice to and incorporate the perspectives of all stakeholders. So, as De Freitas and colleagues point out, in the Netherlands, community psychology has inspired action to mobilize Cape Verdean immigrants to demand the development of services adapted to their needs. In Norway, it has enabled the socio-political development of stakeholders taking part in participatory initiatives within a health promotion centre in Oslo. And in Spain, the promotion of coalitions among service providers, researchers, and migrant communities has allowed everyone to acquire capacity to promote breastfeeding among low-income immigrant women.

The work of Hernández-Plaza, Padilla, Ortiz, and Rodrigues (in this issue) provides important and complementary insights. This study draws attention to the devastating impact of the dismantling of healthcare systems in European Mediterranean countries and to its effects on child and maternal health, showing how these effects take on an exponential impact when it comes to ethnic minorities and migrants. In addition, it shows that dominant strategies to reduce inequities have not had the desired effect because they have ignored the perspective of the population and were not based on social justice perspectives. The study provides methodological strategies to overcome these shortcomings.

Two papers in this special issue describe efforts to give every child the best start in life, by providing all children and youths with the maximum capacity and opportunity to enhance their quality of life (Marmot & Bell, 2012). The paper entitled *Better Beginnings, Better Futures* by Worton et al. is an early childhood initiative focused on promoting the healthy development of children and families in economically disadvantaged communities. It is an excellent example of a comprehensive initiative focused on overcoming well-being inequities, which is inspired by community psychology principles. This initiative creates social participation, with cross-organizational collaborations, skills, leadership knowledge, and social settings. It is focused on pursuing long-term social change, seeking to maintain the quality of services and to protect the changes to policies and practices that support healthy families and populations.

The contribution by Balcazar, Kuchak, Dimpfl, Saripepella, and Alvarado addresses the great challenge of offering young adults with disabilities employment opportunities that allow them to thrive. The research team is developing and evaluating a program to promote the economic development of ethnic minority youths with disabilities – one of the most marginalized groups, which is furthest from the labour market in the United States. Their marginalization is due to both their race and to their disability and, in some instances, it adds up the fact that many of them acquired their disability as a result of street violence. These individuals have no opportunities for employment without the assistance of a program that offers resources, knowledge, and support. The business incubator which program developers and evaluators encouraged the state to create, as a result of their experience in piloting the program, is an important systemic change that has great potential to help many individuals in the future. The creation of small businesses using a cooperative model of ownership has

also been proposed as a means to increase the number of people with disabilities who can become economically productive and reduce their dependence from government subsidies.

This pool of papers lends evidence to the commitment of community psychologists to advance the meaning-making, mattering, and thriving of individuals and communities (Prilleltensky, in this issue). In his commentary, Prilleltensky offers a valuable reflection on how these three concepts characterize the commitment of community psychology to contribute to the realization of the objectives proposed by the WHO in the Health 2020 framework. Having this target in mind, his comments provide a valuable discussion on the complexity of balancing transformative and ameliorative purposes in actions and policies when conditions of inequality seriously jeopardise the health and well-being of voiceless groups. The global crisis humanity is facing is also a moral crisis and community psychology is called to have a central role in overcoming it, argues Suarez-Balcazar (in this issue). The difficult circumstances in which many human beings are living in summon us to develop creative programs while trying to lessen the suffering with a sense of urgency. How can we walk this fine line without our work being allied with the dominant structures that uphold existing inequities? Helping communities to live day by day, to strengthen their critical thinking, and to build expectations of prosperity among people whose situation impedes them from recognising their own potential for liberation and happiness can be an overwhelming task. It has often been warned that well-intentioned actions can help to perpetuate marginalization. We also know that the adoption of a discourse proclaiming social justice is common practice among populists inside and outside the scientific field. This monograph hopes to contribute to illustrate, with commitment and rigor, the critical task of overcoming inequities in well-being and health undertaken by community psychology.

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